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ORIGINAL COMMUNICATIONS.

On Epidemic Dysentery, by SAMUEL JACKSON, M. D., (late of Northumberland,) *President of the Philadelphia County Medical Society.*

[The Philadelphia County Medical Society having appointed monthly meetings for oral discussion, the following address was delivered by the President at the first meeting.] *Published by request.*

GENTLEMEN,—It is known to most of you that our Society, at the last stated meeting, appointed special meetings for the purpose of mutual improvement, by the discussion of such medical subjects as might be prolific of instruction. This method of acquiring knowledge has many advantages; it is truly a labour-saving machine, and is therefore in the true spirit of the age. I would rather call it a time-saving stratagem, for it is not for one moment to be supposed that physicians are accustomed to shrink from labour.

Nor is this alone to be estimated: for the coming together of many kindred and harmonious spirits, all animated by one purpose, and that a benevolent one, cannot fail to improve the heart as well as the understanding; therefore, while we mutually light each other's lamps, we shall have mutual cause of rejoicing in the common light. "As iron sharpeneth iron, so doth the countenance of a man his friend." On this principle it was that Charles James

Fox declared he had learned more from conversation than from books. Bacon says that conversation maketh a ready man. Now it is this readiness that the physician needs more than any other person: a head that does not possess this is a mere garret of lumber, though fraught with all the learning of the times.

The present Lord Brougham acquired much of his precocious and prodigious powers of doing business by a faithful attendance at a debating club in Edinburgh; to this I might add some striking examples, but for the sake of brevity, let it suffice to say, that many of the brightest luminaries that now shine in the medical hemisphere of our own country, some of whom are among our members, were formed and fired by frequent collision in the old "Philadelphia Medical Society." Nor is this all the good that was there effected: an immense flood of light was thence radiated over our country in thousands of less distinguished beams, so that there is hardly an inhabited mountain or valley so remote as not to have profited by its genial influence. Let us hope that our new society shall not be found wanting in this noble example, and that the present night, which opens our disputations, as the Roman orator would have called them, may prove to us the fortunate eve of a bright and shining day. To the younger members, these may prove of unexpected advantage: to them the present speaker, whose little flower of life, as the poet says, now makes haste to wither, would most affectionately say, that on looking back on the various misfortunes of his own unprofitable life, there is nothing that he regrets more, than the want of those very opportunities which this movement of the Society puts fairly in their power. Profit, then, he would say to them, by the present discussions; join in them with cordial good will; be not diffident as of minds unpractised; for we are all not merely neighbours and friends, but truly brothers, in mutually assisting each other to promote that Heavenly knowledge that brings relief or comfort to our afflicted fellow men.

In order to insure a beginning, the two Secretaries and the presiding officer, were appointed to bring forward one or more subjects of discussion. This Committee considered that something *practical* would prove most acceptable at present, for some of us have no doubt grown a little rusty in the doctrines of the schools, particularly in physiological controversies, while in mere practice and clinical desiderata, all are rightly supposed to be equally inte-

rested and fully informed. Bacon said of his *Moral Essays*, that they would become the most popular of all his writings, because they would "come home to men's business and bosoms." So it may well be said of practical matter in relation to ourselves.

Your Committee have delegated to me the responsibility of bringing before this meeting the first subject of discussion. To this office I have not objected, inasmuch as the fulfilling of their wishes does not require that extent of learning and talents which the others would more certainly have brought to the task.

Dysentery was an afflicting and even mortal disease in Philadelphia during the last summer; it is moreover a malady of all times and places, perpetual and universal. Dr. Munroe was observed to be employed in examining a case of fever in the Edinburgh hospital, while the rest of the students were gratifying their curiosity over a double-headed child. He said that he expected to be engaged all his life in the cure of fevers, but that he hoped never to see a double-headed child again. So we may all say with respect to dysentery, that we shall be more or less engaged with it every summer of our remaining years. It is peculiarly interesting to the physician, for in few diseases do the powers of medicine make a more favorable impression on all concerned. Dr. Rush used to say that nature herein did nothing but mischief; to this I would add that the learned and skilful physician seldom does anything but good. It is generally, as it occurs with us, a curable disease if we are called in time, but between the mere curing and the doing of this as Celsus directs—quickly, safely, and pleasantly—there is an immense chasm, the exploring of which requires all the lights and helps we can possibly command. Moreover we are often not called till late, and are therefore as often plunged into serious embarrassments. I venture then to call your attention to the late epidemic in general, and to a few considerations in particular.

Dr. Percival says in his *Medical Ethics*, that in the close of every important case, the physician should trace back in calm reflection, all his steps in the treatment. This review of the origin, progress and conclusion of the malady; of the whole curative plan pursued; and of the particular operation of the remedies, will furnish the most authentic documents on which experience can be improved. This wise and salutary rule of the distinguished

author of our accepted ethics, may well apply to us who have just passed through an epidemic which has proved mortal in our city beyond any late example. If the solitary physician by reflecting on a single case may improve his experience, and prepare his mind, how much more must it be in his power, to improve and prepare by debating on a late epidemic in which he has acted his part, particularly when aided and stimulated by the harmonious controversy, the "*concordia discors*" of kindred spirits!

In the first place, I would propose it as a question, whether the treatment generally recommended in the late publications, and commonly pursued, is sufficiently directed to the eradication of the disease as a local inflammation. In common enteritis, the danger lies in the usual results of inflammation, such is also the danger in dysentery, however the two diseases invade in the onset different tissues.* If then ulceration or gangrene is the mortal issue of dysenteric inflammation, what remedies are best adapted to eradicate quickly the local disease? It is in vain to argue that dysentery is a general disease determined to the colon, and that, as an idiopathic fever, it cannot be cured by depletion. The puerperal is an idiopathic fever determined to the peritonæum, and in cases of free reaction, we bleed, purge, starve, and use antimony with tremendous vigour, precisely as in a local phlogosis, or the case ends in a fatal suppuration. Blisters to the abdomen in dysentery are seldom applied till late, a deferring that is not practised in common enteritis. Is it not possible to apply them early, for if the excitement is above their salutary action, can it not, as in enteritis, be quickly brought down to the blistering point?

Our most prompt and efficacious antiphlogistic, after venesection and leeches, is antimony, which was largely used by Baker, Pringle, Senac, Moseley, and many others, but has lately been much neglected. Now, as laudanum would appear to be a medicine indispensable, however attended by the bad effects of constipation and increase of fever, may not these be prevented by very small and frequent doses of tartar emetic, effecting a compound action with laudanum that eases pain and eliminates the disease at the same time, both by the bowels and skin? This was the practice of Moseley in the West Indies, and afterwards in London.

* This apparent heterodoxy I shall discuss in a note at the end.

Is not tartar emetic a more useful medicine than ipecacuanha? When begun in very small doses, the one-twelfth of a grain every hour, it can be gradually increased without effecting any sensible distress, the system constantly under the influence of opium. Dr. Moseley put his patients between blankets, and promoted perspiration and purging at the same time.

Tartar emetic has often been accused of inflaming the mucous membrane—did any of us ever see any infallible reason for this accusation? It has been accused of dangerously depressing the vital energies in children—did any of us ever witness this evil when the medicine was carefully administered? (Here I said *carefully*, for the best of us are not infallibly careful.)

How is calomel best administered, particularly in the advanced stage, when our hope ought to rest principally on a general mercurial impression? Has any one tried the small and frequent doses of Dr. Ayre—the one-eighth of a grain every hour? Is not calomel a much more certain medicine than the blue mass, and may it not be given in such small and frequent doses as to ensure its good effects without any sensible irritation?

Have spirits of turpentine been used both externally and internally with evident advantage, and under what circumstances? Does not this appear to be a medicine of very peculiar action in many inflammations, as in dysentery, typhoid and puerperal fevers, scalds and burns—a medicine whose effects are worthy of the most patient investigation?

Has balsam copaiba been found useful, and under what circumstances?

Have emollient and anodyne injections, or the same with sac. sat. been useful, or are they not very generally hurtful by increasing the tormina and tenesmus? Has sac. sat. been given by the stomach, and has it ever produced lead colic, as administered by us? (Here I supposed, of course, that it was not given without the customary addition of acetic acid.)

Has buttermilk been used as a primary article of diet in dysentery, as introduced by Dr. Young of Delaware County?

These few points, gentlemen, I merely suggest without supposing for a moment that they ought to claim much of your attention; for every speaker will do most good by pursuing that course with which he is most intimately acquainted.

To the Editors of the Medical Examiner.

DEAR SIRs:—The above is the paper requested by some of the members, through you, for publication; I now desire to add a few observations in elucidation and support of the questions above proposed.

Tartar emetic has lately been considered by very high authorities as dangerous to children, by suddenly prostrating the system; and the frequent repetition of this medicine is denounced by them as dangerous in any age, by superinducing a fatal follicular enteritis. This is a comparatively novel discovery, and a transient bubbling up of the sinking, putrefying doctrine of Broussais.

“——— alto

Demersus, summâ rursûm nunc bullit in undâ;

for it is not to be supposed that such a man can sink like the poet's blockhead, without a bubble on the surface. But what this medicine does now, it must have done heretofore; let us see then what authors have said and left for our instruction. But first let me relate a portion of my own experience, for it is the result of theirs.

I passed through ten tremendous epidemics of remittent fever in Northumberland, besides prescribing for many sporadic cases in other years; in almost every case I gave small and frequent doses of tartar emetic during nearly the whole course of each case. My practice was to carry papers of different sizes in my pocket, and to dissolve them in a proper number of table-spoonfuls of water, according to the wants of the family, giving a spoonful every hour or two, containing, for the adult, from one-sixteenth to the one-eighth of a grain. Beginning in this way, very little nausea was produced, and the medicine could be often increased to $\frac{1}{4}$ of a grain. This was an ever ready and cheap medicine, soon prepared and easily given, costing the family that inestimable something vulgarly called *nothing*—when in truth it is a mine of gold and often worshiped in the doctor's bill—to use an Irishism—as the fourth person in the Trinity.

“Nam *nihil* est gemmis, *nihil* est pretiosius auro,
Dûque *nihil* metuunt. Quid longo carmine plura
Commemorem? virtute *nihil* præstantius ipsâ
Splendidus *nihil* est, *nihil* est Jove denique majus.”

I must have attended many thousand cases of remittent fever, I am afraid to say how many, in all ages, from one month old to

eighty years, and I do not believe that many of them escaped my solution of tartar emetic. My success was such that I have continued in the practice, always greatly surprised when I hear it denounced, and ready to say—you know not how much good you withhold from your patients.

It is a fashionable notion in great cities, and particularly among the physicians, that a country doctor can see but little practice; this is probably the greatest mistake the poor cockneys labour under, for in all other respects they are truly most clever men, whom I would delight to honor were it in my power. In this particular they greatly need information. Let them know, then, that a country physician in the centre of a village of a thousand or more inhabitants, all of whom are his patients, when sickness invades, has such facilities of visiting at any hour, day or night or morning, that he can see more patients before breakfast in an epidemic fever than a city physician can see during the twenty-four hours. Then he takes his circuit in the country, and finally visits his patients in town during the night. It is only to step from house to house—“*intervallum facile commodum*, as Horace says, but in no satirical sense.

Now add to my remittent fevers all the cases of other inflammatory diseases, which I have attended for thirty-eight years, in not one of which had I reason to suppose that the poor gastrointestinal-mucous membrane suffered in the least from the medicine. Nor was I very inattentive to the subject, for the panic of the Broussaïans pervaded our rustic minds, of course, upon hearing from Philadelphia that the physicians were so alarmed for the safety of this *delicate* organ, that they would not suffer their dogs to eat bones, nor their horses to eat hay—trembling for an organ that digests masses of iron or copper, and resists the impressions of ether and brandy.

In all inflammatory diseases in which I gave the tartar emetic, I was encouraged by its uniform effects to give it again. Its simultaneous operation on the bowels and skin were very beneficial, and had no equal in any other medicine. Add to this the testimony of Dr. Lind, that tartar emetic exerts a febrifuge virtue independent of any evacuation; and this I know to be true to nature, for hundreds of times have I seen fever dying away under its use, without sweat or purging, as calmly as the day dies away

with the setting sun. One year I tried ipecacuanha in small doses, hoping it would operate by diaphoresis and gentle purging, but my cures were slow, and my patients therefore accumulated so greatly that I was obliged to recur to tartar emetic.

My general plan was to bleed freely, give from ten to fifteen grs. calomel at bedtime, and a dose of some active purgative, generally oil, very early in the morning, so as to have the severity of the purging done during the remission. The exacerbation in the afternoon was thus not only mitigated, but it was met by the tartar emetic, and often most happily turned into a diaphoresis. In this I desired neither vomiting nor nausea, and if either occurred, a few drops of laudanum would turn the operation of the tartar to the surface. All this is most beautifully displayed by Lind on Hot Climates, art. Fever—sub principio.

I cannot say that I have never given this medicine too freely, and never thus superinduced some present unnecessary and improper distress; but this I considered as my own fault and not that of the medicine—a fault that I hoped others would avoid and myself eschew in the future. But did no anti-tartar doctor ever give too much of any other medicine? It is vain to answer in the affirmative, for all active medicines are sometimes abused by the best of physicians, even by the *Physiologists* themselves, owing to some inscrutable idiosyncrasy or some *incuria*, which Horace says, human nature can hardly avoid.

Some misfortunes of this kind must have happened to a great practitioner whom I have heard declaim with unusual vehemence against this medicine in dysentery, wherein he said it would produce follicular inflammation and death. This gentleman, as well as some who have written in this strain, must have been very unfortunate, for they are considered as too philosophical to infer so much from a *few* observations or slender premises. If each of them has been in the practice of giving tart. emet. and has thereby brought on fatal follicular enteritis, and has dissected a sufficient number of his patients, from whom to deduce philosophically an important fact, he ought to tell us plainly what he has seen and done. This is now the only atonement he can make; and let him be assured it will be received as full satisfaction by the medical profession, which has always been highly in favor of re-

porting unfortunate cases. But what say authors of the first authority with respect to the use of this medicine in dysentery?

Cullen says "that if gentle laxatives do not answer, some more powerful medicine must be employed; and I have found nothing more proper or convenient than tartar emetic given in small doses and at such intervals as may determine their operation chiefly by stool."—*First Lines*, §1079.

Cleghorn says, that of the vitrum ant. cerat. "I directed ten or fifteen grs. in powder to be divided into three doses, and to be taken in the forenoon, at the interval of two hours, or an hour and a half. The most common effect of both was, to procure a thorough evacuation upward and downward during the day, and they often threw the patient into a sweat the ensuing night." "I must acknowledge that now and then, in desperate bloody fluxes, I have known the antimonial medicine to be successful, after every thing else had been tried to no purpose." For the first three or four days, he repeats these evacuations every other day, and afterwards at greater intervals, giving a small dose of opium to procure rest and promote perspiration.—*Rush's Cleghorn*, p. 146-7.

Donald Munro, second edition, vol. i. 339 to 342 inclusive, contains much to our present purpose. After premising bleeding and vomits of ipecac. he says, "when the patient was strong, and we wanted to make a free evacuation, we added one, two, or three grs. tart. emet. which commonly operated by stool; and since my return, I have frequently given with advantage a gr. of tart. emet. dissolved in two ounces of water, every quarter of an hour till it vomited freely, or both vomited and purged the patient." He says also, that Mr. Russel of the hospital of Martinico, pursued this very method in his own practice. He adds, moreover, that Dr. George Munro and Mr. Russel, both of the military hospitals during the war in North America, gave tart. emet. and manna in small and frequent doses till they vomited and purged, "and this commonly produced good effects."

Dr. John Clark—*Dis. of Long. Voy.* vol. ii. 325,—says he gave vomits of tart. emet. and ipecac. in dysentery; but he preferred the tart. emet. alone when the patient was feverish; and it not only proved one of the most powerful emetics, but, by likewise acting as a purge, it relieved the tenesmus." He says further, page 330, that he had often given with good effects a quarter grain

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tart. emet. with ipecacuanha. This last medicine he considered as of no value when unassisted by the tart. emet.

Dr. Darwin is a writer to whom I shall always refer with peculiar pleasure, for I derived more instruction from him in my early practice than from any other author. He recommends *antimonials*, by which he means, as his readers well know, the tart. emet. in small and frequent doses.

Pringle commends vit. ant. cerat. in dysentery, but desisted from the use thereof, as he says, through the prejudices of others: he then used ipecac. and added one or two grs. of tart. emet. Dr. Huck, another highly gifted physician of the same army, see Rush's Pringle 236, pursued the same practice; and M. De Senac, then Physician General to the French army, informed Pringle "that after evacuating by bleeding, and by a vomit of emetic tartar, his practice consisted chiefly in giving one grain of that antimonial preparation dissolved in a pint of common whey or chicken water, in divided draughts every day for all food, drinks and medicine, till the patient recovered. His intention, he says, was to keep a free passage from the stomach to the rectum by the mildest laxative, which he found was that minute quantity of the emetic."

Sir George Baker, I quote from Moseley, gave a vomit in the beginning and preferred tart. emet. to ipecac. He knows no virtue in ipecac. except that of its emetic property, wherein it is not equal to tart. emet. He says if Friend found ipecac. useful on account of its diaphoretic property, he can assure us that in this it is not equal to the tart. emet. This, moreover, he says, operates downwards, and he supposes that the vit. ant. owes its anti-dysenteric reputation to its emetic and purgative operations.

Dr. Chapman in his Therap. says, that he prefers ipecac. in dysentery to tart. emet.; but he says also that great deference is due to the authority of such men as Pringle and Baker. Dr. C. gives directions for its administration in dysentery, and hence he must approve of its use. He must surely consider it a very mild and manageable medicine, since he gave it in the form of antimonial wine, as he tells us, loc. cit. to a child as soon as born for the purpose of vomiting.

Dr. Moseley, see 4th edition, 1803, from page 247 to 251, founds his doctrine on his experience in the army of Jamaica. After free and sometimes repeated bleedings, he gave a vomit of ipecac. and

then an "antimonial" that would operate both on the bowels and skin. Then "the *primæ viæ* being cleansed and the revulsion begun, it must be supported by sudorifics, that the disease may be thrown off by sweat; this will be effected by uniting an opiate with a diaphoretic, and administering it as occasion requires. Laudanum and antimonial wine combined is a medicine that causes little or no irritation and is a pleasant and certain diaphoretic."

He then commends James' powder, for the same purpose, and speaks strongly of the necessity of keeping the patient well covered, so that a continual diaphoresis may be maintained. At p. 240, 241, he considers that "tart. emet. in many respects is a dangerous medicine *in hot climates*." "As it acts immediately on the stomach, it is frequently impossible to produce any other effect by it in whatever dose administered." He seems not to have known that his favourite antimonial wine is this very medicine thus hastily condemned; nor does he seem to have known that James' powder is a far more unmanageable medicine than tart. emet.

Moseley's practice, then, in the West Indies, and afterwards in London, was to attack the disease most vehemently by bleeding, sometimes repeated, followed by an emeto-cathartic of James' powder or vit. ant.—see p. 270—277, finishing the disease by a long continued sweat and catharsis at the same time, maintained by antimonial wine *alias* tart. emet., turned in part to the skin by laudanum, warm drinks, blankets, and seclusion from the air. If any man is mad enough to call this madness, he must admit "there is method in it." What says the venerable Dr. Nathan Smith?

"Since I first read his (Dr. Moseley's) book, the dysentery has been epidemic several times, and I have had frequent opportunities of contrasting his mode of treatment to that of others, and am decidedly of opinion that it is the best I have been acquainted with." Again he says—"several judicious practitioners have declared in its favour." *Note to his edition of Wilson on Feb. Dis.* p. 389.

Tissot, says "the great remedy is an emetic." His No. 34, (six grs. tart. emet.) "when there is certainly no objection to its use, if taken early, often carries off the whole disease and never fails to shorten its course." He says the disease made its greatest ravages in towns wherein the people rejected emetics. For malignant dysentery he gave ipecac. as a principal remedy. He first puked

with it, then purged with rhubarb, and lastly gave ipecac. in small frequent doses, no doubt with a view to diaphoresis. *Avis au peuple*, vol. ii.

Now let us see what that orthodox *physiologist*, Dr. John D. Godman, used to do. In the Ph. Jour. of the Med. and Ph. Sci., vol. xii. 197, we read over his own name that he gave the tart. emet. mixed with flaxseed tea; and this in a "dysentery that rapidly prostrated their strength by the great number of bloody mucous discharges and continual febrile irritation." Dr. Rush used to say "that a bad theorist was often a good practitioner." This is no doubt true, for experience will triumph over theory at the bedside.

Dr. Thos. Worthington, Hartford county, Maryland, in a letter to the editors of Med. Record, vol. xiv. 199, writes that Dr. Thos. Bond, of Baltimore, recommended to him the vit. ant. He gave it in doses of one gr. every four hours, determining its action to the skin and bowels by diluents and an occasional dose of calomel. "This preceded by an emetic and assisted by mucilaginous drinks—sometimes by bleeding, enemata, fomentation and blisters—constituted the outline of treatment for several years that was attended with unfailing success."*

Professor Wood, of the University of Pennsylvania, says in his *Practice of Medicine*, "when the skin is hot and dry, small doses of the tart. emet. or the neutral mixture, may be given separate or combined, at intervals of an hour or two." This invincible authority ought to have been mentioned sooner, and where it would have been more certain of a reader, but the previous sheets are now gone to the press.

Dr. O'Brian, (*Observations on the Dysentery of Ireland*) thinks that emetics have undeservedly fallen into disuse, hence he gave antimonial powder, with his calomel and opium. Speaking of sudorifics and purgatives combined with opium, he says: the "mercurial salts, Dover's powders, and James's powders are the principal medicines of this class applicable to the cure of dysentery. Four or five grs. cal. with as much James' powders, and a grain of opium may be given every third or fourth hour, or even more frequently." p. 45.

Le Dict. des Scien. Med. Art. Dysent. cXLIX. says, "that the

* The sequel of this letter I shall notice hereafter.

evacuation of the alimentary canal is not the only advantage procured by vomits, they commonly determine to an abundant diaphoresis. The tart. emet. effects this even when it acts as a gentle purge; and we often see dysentery, even when fully formed, to be carried off immediately by vomits. They ought to be seldom repeated, except the tart. emet. which is often given in very small doses diluted with drinks; then it proves to be only a mild diaphoretic and gentle purge." In cxcv. (on infl. dysent.) the author says: "Emetics and purges must prove hurtful by irritating parts already excessively inflamed; but tart. emet. mixed with drink—a gr. in two or three pounds of liquid—not acting as a vomit, produces a mild diaphoresis always favourable. If some gentle stools are obtained from this medicine, they are without irritation. But much experience is necessary in the use of this remedy."

In ccxiii., on gastric and bilious dysentery, he says, "we must begin the treatment by vomits, for bleeding is injurious. We shall give the preference to tart. emet. taken in small frequent doses; and it is generally useful to repeat them." Then come purgatives, and he recommends among others the calomel, as it never irritates the intestines.

Enough has now been quoted to show that antimony is a remedy in dysentery not to be rashly condemned. The above authorities are some of the highest in the world, and many others might no doubt have been found; but time is wanting, and moreover, they are not needed. Have we not now a right to require that physicians who, from theoretical views, declaim against this medicine as producing *follicular enteritis*, shall make a fair trial thereof and report their dissections? I was taught the use of tart. emet. in *fevers* by the great Rush and the illustrious authors whom he was accustomed to quote; I have been using it freely for thirty-eight years, and am now ready to say to its opposers—you know not how much good you withhold from your patients.

I will not say that it never inflames the mucous membrane, for I think it very possible that like Fowler's solution, it may do this when persevered in by theoretical rashness and folly: but I have been so fortunate as never to have seen this evil either in my own practice or in that of others. As mentioned above, I have given it in remittent fever to thousands of all ages, from one month old to 80

years, and without any striking case to be regretted, for I do not remember one. So safe was the practice that the Northumbrians used to procure the tartar from the apothecary and cure their fevers as they had often seen their physician do in similar cases. I have not used it in dysentery as often as my late experience teaches me that I ought to have done, and this was the very reason of my bringing it before the Society at their late meeting; for hearing nothing of the practice now advocated, I supposed that others like myself, had too much neglected it.

Should the authorities quoted above induce any one to try this medicine in dysentery, let him do it fairly and *with all its coadjuvants*. We are not recommending a single and infallible remedy in the manner of the quacks. Bleeding and leeching must be carried as far as the patient's strength will admit; and it will bring down the pulse to the diaphoretic grade. The patient is now in a perspiration, the violence of the disease is broken, and he is fairly on the road to health. This state of things must be maintained by small frequent doses of tart. emet. the patient covered with a blanket and constantly under the mild diaphoretic and anodyne influence of opium. If sweating is not steadily maintained, much of its virtue will be lost, though still some good may be effected through its operation on the bowels, and through that mysterious action by which Lind, Fordyce, Chapman, and others say—and say truly—it annihilates fever without either purging, puking, or sweating. But the dose must be increased as the stomach is found to bear it without nausea, for just in proportion to the quantity taken will be its evident febrifuge effects. I cannot certainly say with Fordyce and Chapman,* that nausea and vomiting counteract its just operation on the fever, but this distress of the stomach is not tolerated by the patient, and the medicine is thrown out at the window in disgust not easily forgotten, and sometimes hardly forgiven. Beginning with one-sixteenth of a gr. every hour, you may gradually increase it to one-sixth or even one-fourth, and this is strong enough to fulfil every possible indication.

But it must not be forgotten that other means are required; that venesection must sometimes be repeated, and leeches also, if the

* See Fordyce, 3d. Diss. part 2d., and Chapman's Therap.

pulse, the strength, and the *vivida vis* will admit thereof. The physician must fix his mind on the inflammation, remembering that this is the sole cause of death. Opium is a feverish stimulant and a great evil, but fortunately the tartar emet. may determine this to the skin, and thus change its evil into good. If this is beautiful in theory and also on paper, it is infinitely more so in practice, and for its truth the reader is referred to the authors quoted above; though not one of them except Moseley appears to me to have derived from the medicine its ultimate good. There is little said by the others on maintaining a continual mild perspiration on which the resolution mainly depends. If the patient is permitted to rise to the chair or lie half naked in his impatience of heat, the perspiration is checked and the disease renewed. But bleeding is the present subject, and to this we recur.

Some writers are opposed to this, and some recommend it with great timidity. In idiopathic fevers you may bleed away the inflammation and yet the fever may not be resolved—it will remain and kill the patient, nor can necrotomy reveal the cause; but dysentery is as much a local disease as peritonitis, pleurisy, or encephalitis from a stroke of the sun—resolve the inflammation and the patient is cured. As to the debility it superinduces, the question is—whether the patient is more dangerously broken down by losing blood from the arm than by the long continuance of a bleeding tenesmus and the tedious process of nature's operations. But it cannot be made a question whether heat of climate or the air of an hospital forbid this remedy or render it less necessary, as we may learn from Moseley and many of the English physicians in India whose authority can not be resisted.

It is perhaps in young children that bleeding and tart. emet. are most necessary, for to them the disease is more fatal than to adults, through an excess of inflammation; and to them these remedies are more easily applied than blistering, leeching, and other apparatus.

But while we advocate the above strenuous debilitation, we are not unadvised that there are many cases of common dysentery that are easily cured by the same means very gently used; it is always safest, however, to consider that a mild case may become severe until it be brought fairly under the influence of medical treatment.

Nor are we ignorant of the fact, that in every climate there are

sometimes sporadic cases and often whole epidemics, which bear very little if any medical debilitation. Of this Dr. Worthington, whom we have already quoted—*Med. Record*. xiv. 199—gives a remarkable example in our own country. After curing common dysentery by vit. ant. for many years, and to his entire satisfaction, he had, in 1825, the mortification to find this medicine “to fail entirely.” Tart. emet. and calomel were uniformly injurious, and the patients were cured by camphor and opium, the bowels being frequently opened by Epsom salts.

It is in such cases and such epidemics that spirits of turpentine would no doubt prove of pre-eminent service; for in common inflammatory dysentery, when the vigor of the inflammation is broken and the system will not bear much further depletion, but particularly when the tongue has cleaned off and now become dry and red, the mucous membrane probably a little tending to ulceration—then this medicine, both internally and externally, is almost uniformly beneficial, and sometimes acts like a charm. Here the inflammation has been brought to that *passive state*, to use an obsolete word, which probably exists in what has been called typhoid dysentery.¹

There is something almost marvellous in the operation of this singular medicine. In many inflammations of debility, as in that of the mucous membrane in typhous and typhoid fevers and dysentery, in the peritonitis of low puerperal fever, in burns and scalds, it would seem to have some specific power. I am not writing for the novice, and therefore, without descending to particulars, I may here dismiss the subject. I brought it before the Society with the hope of hearing some favorable reports from the eminent practitioners present.

Another subject which I brought before the Society for discussion was—whether emollient and anodyne injections or the same with sac. sat. had been found useful. When I was a student of medicine in Philadelphia, I was taught that injections of every kind were to be avoided in this disease, as generally adding to the present irritation, and hence I do not recollect ever using them in my country practice. Finding them used on my return to the city, I tried them with the event of confirming my early prejudice. Laxative injections are seldom needed, for there is nothing in the lower bowels to be removed; and the anodyne, however small, are gene-

rally expelled with pain and tenesmus. I recollect they are applauded by some writers and rejected by others, but I have not leisure to make researches. Broussais—Hay's translation, vol. ii. 248—says, "as to enemata of mucilage, of oil, of bran, tripe water, &c. I look upon them as foreign bodies which, by forcibly dilating and irritating the suffering membrane, are most frequently injurious." Laxative enemata, however, he permits, when it is known that the lower bowels are filled with matter more irritating than the enema itself, a state of things that seldom happens. Dr. James Johnson, a great authority, discards them altogether, and so do others to whom I cannot at present refer with certainty.

The late practice of using strong injections of *nitrat. arg.* is very plausible in theory, as they may instantaneously cauterize the sensible parts; and though they be immediately expelled, their work is done. Of these I have no experience except in chronic cases.

Another subject I introduced for discussion was, whether buttermilk had been used by any of the members, as an article of diet in dysentery. This was brought into use by Dr. J. Young, of Chester, Del. county, and mentioned by prof. Wood in his *Pract. of Med.* Dr. Young—*Amer. Jour. Med. Scien.* new series, vol. vi. 259, published in 1842—said that he had then used it largely for twelve years, and with surprising advantage. He permits his patients to drink at the rate of a gallon in twenty-four hours, if such be their desire. In the summer of 1848, Dr. Tucker and myself, in a very dangerous case of great importance, made our first trial, and it proved of decided benefit. Since that time I have often used it, always with entire satisfaction, and frequently with decided advantage. When Dr. Wellford, of Virginia, was lately in this city he said, that he should always thank me for writing to him on this subject; for he had found the buttermilk of great benefit in dysentery, and that it had, as he believed, enabled him to save the life of an inestimable patient.

When practising in the country, where this article was always at hand, I well remember that my patients preferred it, as made into a porridge with flour, to any other food; and they would continue to eat it with pleasure for a long time, calling every other article of low diet by the opprobrious name of slops. Fresh unsalted butter, as every one knows, has been long used; but its benefit was sup-

posed to result from its purgative property. It is very probable that the utility of buttermilk is derived in part from the infinitesimal particles of butter that remain diffused through it; hence I have supposed that the whole mass of churned cream might be taken from the churn before the butter has yet been agglomerated, and thus used as diet and medicine. A diminutive churn could be made, by which two or three quarts of milk might be extemporaneously converted by any family into this wholesome and medicinal beverage.

The above suggestions and inquiries have for the most part resulted from my own practice during the last few years. They were brought before the Society for the purpose of exciting discussion, according to the order recently established thereby. And now, should any good-natured dodger, rather disposed to yield than contend, be induced to read thus far, he will probably say—"this antimonial practice may answer with some robust patients, but I don't approve of carrying it too far—I would not give too much." Let us assure him, that we are equally averse to this *too much*, which is the truant and unmeaning phrase of many. The practice with small doses of tart. emet. is purely tentative, and will not be overdone by the young practitioner. The French author quoted above says, that "much experience is necessary in the use of this remedy." Perhaps there is not so much necessary in giving tart. emet. as in drawing blood in this disease. When the vital fluid is poured out, it cannot be returned; but in giving the tart. emet. in such small doses, repentance may come in time to prevent all mischief.*

* It is said in the address to the Society, that dysentery and enteritis invade at the onset very different tissues; to which it has been objected, that they are both mere inflammations of the mucous membrane—one in the large and the other in the small intestines. This is true, according to a new, and as I believe, an absurd nomenclature. Dysentery in its worst form very seldom attacks any other than the mucous coat, and is principally confined to the colon—how far it goes in long continued cases, is not the question: what I was taught to call enteritis invades, and probably at once, all the coats of some portion of either the great or small intestines. In contortions of the bowels and internal herniæ this is plainly seen; so it is seen when the disease comes from cold or from some cause not very evident.

You begin to shiver, after long exposure to cold, and to feel some pain in the abdomen; it increases and a fever rises; the belly is not yet swelled, but you cannot bear it pressed; the pulse becomes very frequent and small;

On a new material and process for making MINUTE Anatomical Injections. By PAUL B. GODDARD, M. D.

Having received recently from Europe some beautiful microscopic preparations, consisting of minute injections by Prof. Hyrtyl, Messrs. Hett, Dancer and Topping, I was stimulated to make an effort to obtain similar results, as they were, by far, finer than any which had been produced in this country. With the assistance of my friend Dr. Neill, demonstrator in the University of Pennsylvania, I made many experiments with variable results, but with such success as to lead to further investigation. At last I struck upon a plan which is uniformly productive of exquisitely beautiful results, and is moreover easy of application. For the purpose of

you take purges and enemata to no purpose, for the constipation is unconquerable ; you then send for the doctor when it is too late, and you die before you have time to call the attorney or the priest.

Now what does the necrotomist find ? Not the mucous coat of the small intestines alone inflamed and mortified, but all the coats in some definite part of either large or small intestines equally melted down in one putrescent mass. This is what was formerly called enteritis, and it is called so still by us old-fashioned thinkers.* I have seen it so often, not merely from contortions of the bowels and strangulations in the mesentery or omentum, but also from cold or some unascertained causes, that I can hardly be mistaken. It is the *entérite phlegmoneuse* of the *Dict. de Médecine* where it is said "that it almost always comes from causes manifest ;" and this sentiment is certainly true, but the author's "*presque toujours*" implies that it sometimes comes from causes not manifest, a fact I have certainly seen.

Late pathologists call it *peritonitis* ; but this is a disease more diffused, as we may see by looking into the dissections of Broussais. Were you to open a belly with a bowel mortified by internal hernia, you would not surely call this peritonitis, when all the coats are equally affected ? Peritonitis seldom ends in mortification ; the viscera are glued together by inflammation and the belly is filled with water and pus.

In your enteritis, the mucous coat of the small intestines is inflamed ; a state of things not easily ascertained. If the mucous coat of the colon is inflamed, you have dysentery—if the disease is fixed in that of the small intestines, you have diarrhœa ; and if the whole tube of mucous membrane is inflamed, you have both diseases at once. Now Dr. R. P. Thomas opened a body for me, ten days ago, whose bowels were inflamed from the pylorus to the anus—this man in the new nomenclature might be said to have had duodeno-jejuno-ilio cæco-coli-rectitis, *alias* diarrhœa and dysentery at the same time.

* Dr. Watson has the same view of this subject.

making such an injection, the anatomist must provide himself with a small and good syringe ; some vermillion *very finely* ground in oil ;* a glass stoppered bottle, and some sulphuric ether. The prepared vermillion paint must be put into the ground stoppered bottle, and about twenty or thirty times its bulk of sulphuric ether added ; the stopper must then be put in its place and the whole well shaken. This forms the material of the injection. Let the anatomist now procure the organ to be injected, (say a sheep's kidney, which is very difficult to inject in any other way, and forms an excellent criterion of success), and fix his pipe in the artery, leaving the *vein open*. Having given his material a good shake, let him pour it into a cup and fill the syringe. Now, inject with a *slow, gradual* and *moderate* pressure. At first, the matter will return by the vein colored, but in a few moments this will cease, and nothing will appear except the clear ether which will distil freely from the patulous vein. This must be watched, and when it ceases the injection is complete. The kidney is now to be placed in warm water of 120° Fahrenheit, for a quarter of an hour, to drive off the ether, when it may be sliced and dried, or preserved in alcohol, Goadby's solution, or any other anti-septic fluid. For glands, as the kidney, liver, &c., it is better to dry and mount the sections in Canada balsam ; but for membranous preparations, stomach, intestine, &c., the plan of mounting in a cell, filled with an anti septic solution is preferable.

Case of Placenta Prævia. By ROBERT BURNS, M. D., of Frankford, Pennsylvania.

Mrs. C. D. C——y, aged 30 years, of spare habit, and delicate but symmetrical proportions, in her eighth pregnancy. During the early months she enjoyed good health and spirits, which met with no interruption until the 26th of September last, when she was seized with flooding to a considerable extent. The circumstance did not produce much alarm, as, in a former pregnancy, she had a similar attack from venous congestion, which was speedily arrested by venesection and quietude. Consequently I was not called in

* That which I have used was obtained already prepared in tin tubes, at J. W. Williams', No. 37 North Sixth Street, who has obligingly assisted me to obtain the finest colors.

until the following day. By this time the discharge had somewhat moderated, and the acetas plumbi and opium were prescribed, combined with absolute quietude, cold drinks and light aliment. She was at this time about the seventh month of gestation, and *per tactum* the neck of the uterus was found in a normal state, and the os uteri closed. This treatment in a few days had the desired effect, and the patient resumed her wonted duties, being advised to be very careful and avoid over exertion or any other exciting cause. Nothing disturbed this state of things for a period of two weeks, when a more severe recurrence of the hemorrhage took place. Finding some febrile action and sanguineous congestion, I bled her freely, and directed a strict observance of the previous directions, with confinement to the recumbent position. From the commencement of the case I was persuaded it was one of placental presentation, and determined to adhere to this opinion until it should be proved otherwise, lest, by entertaining minor considerations, it should have a fatal termination.

My patient being very intelligent, and anxious to understand her condition, I did not hesitate to explain my fears, in order that she might the more willingly comply with my efforts. Things continued much the same until the evening of the 6th of November, when the moderate discharge which had existed for several days became suddenly increased, although every precautionary direction had been carried out. On examination I found more obliteration of the neck of the uterus, and slight dilatation of the os uteri, although this was scarcely perceptible. I now resolved on the use of the tampon, and proceeded to its application in the following manner: About 7 o'clock, P.M., on the 6th inst., as above stated, without changing the position of my patient, which was that on the left side, I introduced a large, tri-valved speculum uteri, which, together with the os externum, were well lubricated with adeps; the instrument being carried up to its full extent was dilated by the operation of the screw. I then took a piece of firm sponge, sufficiently large to fill the whole vagina to considerable distention: having now fixed the speculum securely with the left hand, I passed the sponge into the speculum by a firm rotary motion, guarding at the same time against too much pressure upon the uterus by an antagonistic force with the left hand. The sponge now lodged within the speculum, I introduced the director

of the instrument upon the tampon, and while pressing the sponge forward with the right hand withdrew the instrument in the same steady manner with the left hand, the screw being previously reversed. The tampon now was securely and very effectually applied, having produced by its introduction so little uneasiness to the patient that she scarcely in the least complained. Here I would remark, that in this manner I have operated for the last two years with great satisfaction and facility. Whether the plan is adopted by other obstetricians, or ever has been, I am yet to be informed—certain it is that it has been entirely original with me. A compress *ad vulvam* supported by the T bandage was now firmly applied, and special directions given for the night.

Early in the morning of the 7th inst. my patient became very restless and had regular labor pains. I was immediately sent for, but being all night engaged with two other obstetric cases, was at the time unable to obey the summons. On my arrival, about 9 o'clock, A. M., I found Dr. Lamb had been called in, who, having understood the nature of the case, acted cautiously, merely relaxing the bandage without removing the tampon. Finding the hemorrhage inconsiderable, I tranquillized the minds of the patient and her friends, thereby rendering important assistance: resigning the case into my hands, Dr. L. withdrew, offering any aid in his power should it be requisite. Labor advanced, *cum pari passu*, and with the most intense anxiety I watched the wonderful operations of nature at this important moment. About noon the expulsive efforts were so strong as to extrude the tampon with a moderate quantity of coagula. This having taken place, and no flooding existing, I found the placenta, as expected, occupying the os uteri, and protruding into the vagina, dilatation of the os uteri being complete. I now sent for Dr. Lamb to witness the case and render assistance if necessary. He came immediately, and found matters as above stated. I requested him to take his seat by the patient and apply his hand over the uterus ready to make firm pressure if such should be requisite. I introduced my hand per vaginam for the twofold purpose of diagnosis and prompt action, and passing my fingers very gently over the edge of the placenta, I found the membranes entire and strong—the head of the child at the superior strait towards the os pubis, with an arm protruding, and the inferior extremities upon the sacrum, the left side of the child presenting. Having made this

exploration, I resolved not to interfere until absolutely necessary, but firmly retain my *'vantage ground'*. The pains were now strongly expulsive, but the manner of the child's position prevented further descent. I now resolved to rupture the membranes and *turn*; the plan was seconded by my colleague, and speedily effected, by first carrying up the arm over the head and by bringing down the inferior extremities, in doing so I experienced no little difficulty as the limbs were much contorted and wedged down at the superior strait by the uterine contractions. However, without flooding, accident, or other unpleasant circumstance, the delivery was safely completed, to the great satisfaction of all parties. The patient's strength soon rallied, and she has been daily improving, although she has since had an attack of intermittent fever.

Frankford, Nov. 13th, 1849.

PENNSYLVANIA HOSPITAL.—Surgical Wards.—Service of
DR. FOX.

Cases discharged from September 15th to November 1st, 1849.

	Cured.	By request.	Died.
Abscess, - - - - -	3	0	0
Burns and Scalds, - - - - -	6	0	1
Calculus, . - - - -	0	1†	0
Caries of finger, - - - - -	1*	0	0
Concussion of spine, - - - - -	1	0	0
Contusion, - - - - -	1	0	0
Diseased bladder, - - - - -	1	0	0
Disease of ear, - - - - -	0	1	0
Do. knee joint, - - - - -	2	0	0
Do. spine, - - - - -	0	1	0
Dislocation of humerus, - - - - -	2	0	0
Fistula in ano, - - - - -	1	0	0
Do. perineo - - - - -	0	1	0
Fractures 37, simple 21, viz. :			
Clavicle, - - - - -	3	0	0
Fore arm, - - - - -	6	1†	0
Jaw, - - - - -	0	1	0
Knee, - - - - -	1	0	0
Leg, - - - - -	1	0	0
Nose, - - - - -	1	0	0
Rib, - - - - -	0	1	0
Skull, - - - - -	0	0	1†
Spine, - - - - -	0	0	1
Thigh, - - - - -	5	0	0

* By amputation.

† Eloped.

‡ At base of skull.

	Cured.	By request.	Died.
Fractures, compound, 16 viz.:			
Ankle, - - - - -	0	0	1†
Arm, - - - - -	2§	0	0
Finger, - - - - -	1	0	0
Foot, - - - - -	1	0	0
Forearm, - - - - -	0	0	1
Jaw (upper) - - - - -	0	1†	0
Leg, - - - - -	1*	1	1
Skull, - - - - -	2	1	0
Thigh, - - - - -	1	0	0
Gonorrhœa, - - - - -	5	1	0
Hemorrhoids, - - - - -	1	0	0
Inflamed hand, - - - - -	2	0	0
Do. knee, - - - - -	1	0	0
Induration of leg, - - - - -	1	0	0
Injury of spine, - - - - -	3	0	0
Iritis, - - - - -	2	0	0
Necrosis, - - - - -	2	0	0
Orchitis, - - - - -	1	2	0
Paraphymosis, - - - - -	1	0	0
Paronychia, - - - - -	1	0	0
Retention of urine, - - - - -	4	0	0
Rheumatic ophthalmia - - - - -	0	1	0
Rupture of bladder, - - - - -	0	0	1
Sprain, - - - - -	2	0	0
Stricture of urethra, - - - - -	2	0	0
Syphilis, - - - - -	7	0	0
Ulcers, - - - - -	5	0	0
Wounds 26, viz.:			
Gunshot, - - - - -	1	0	3
Incised, - - - - -	4	0	0
Lacerated, - - - - -	9	4	0
Penetrating, - - - - -	2	1	0
Punctured, - - - - -	1	0	0
	<hr/> 99	<hr/> 20	<hr/> 10

Of the cases recorded as discharged "by request," many were convalescent, and most, if not all, relieved. It not unfrequently happens that individuals are brought to the hospital, who, as heads of families, can be but illy spared from their homes, and who are removed by their friends as soon as they are able to leave their beds. To sailors the restraints of a hospital soon become irksome, and many leave while under treatment. These, on the house record, are placed in the above category, and as such are here transferred.

Burns.—During the last two months, several cases of extensive burns and scalds have been treated in the hospital. In one of

* By amputation.

† Elopé.

§ One by amputation.
|| Of Tetanus.

‡ Of mania a potu.

these, an Italian boy, aged 10 years, the extent of the injury was such as to furnish a most unfavorable prognosis. He had fallen from the deck of a vessel into a pot of boiling water, and, overturning it in the fall, parts of his thorax, the upper extremities, a large portion of the abdomen, and the anterior surfaces of each thigh were shockingly scalded. When brought to the house, his pulse was feeble, and symptoms of approaching collapse presented. Under the application of warmth and slight stimulation he subsequently reacted. Lime water and linseed oil were at first applied to the parts, after which poultices of flaxseed meal were used. On the fourth day after the accident, the appearance of the parts was very unfavorable, and the pulse of the patient had again fallen. After the sloughs had separated, the irritation of the abraded surfaces and the profuse discharge of the ulcers on the thighs and abdomen rendered necessary the exhibition of sulphate of morphia, and of quinia in considerable doses. During an entire fortnight gr. i. of the sulphate of quinia and gr. $\frac{1}{4}$ of sulphate of morphia were given four times daily. Essence of beef and wine whey, of each f $\frac{3}{4}$.ss. every half hour, were also prescribed.

After the sloughs had entirely separated and the discharge lessened, the ulcers were dressed alternately with the cerates of the sub-acetate of lead, and of the carbonate of zinc, under which they healed kindly, and the boy left the hospital well, nine weeks after his admission. In another case recently discharged, the burn was the result of the explosion of a vessel containing boiling alcohol. In this the ulcers, though superficial, involved two-thirds of the thorax, both anteriorly and posteriorly, and nearly the whole of the left arm and forearm. Opiates and quinia were freely given, and the patient recovered rapidly. In both the preceding cases, as well as in another, the result of burn from oil of turpentine, and in a fourth from boiling pitch, where the parts were so injured as to slough, the application of light flaxseed meal poultices appeared particularly grateful to the patient, and very much accelerated the separation of the disorganized tissue.

Where the burn is superficial, the usual practice of the house is to apply lint wetted with equal parts of lime water and olive or linseed oil. This is covered by oil silk, over which carded cotton is laid and retained in its place by a roller. That this domestic remedy facilitates the recovery (probably by more effectually

shielding the part from the action of the air) seemed confirmed in two cases.

Gunshot Wounds.—There were twenty-five persons brought to the hospital; on the night of the 9th and morning of the 10th of October. Eight only of this number were found sufficiently injured to remain in the house. In the majority the wounds had been made by small shot, which had merely penetrated the skin or superficial muscles, and which were readily removed by the forceps, a counteropening being rarely necessary. In one or two instances, minute pieces of brick appeared to have been discharged.

Of the eight who remained, two were moribund when brought to the hospital, one has since died of gangrene, one has been discharged cured, and four remain, who are rapidly convalescing. The first of these, a colored boy aged 16 years, had been shot in the head by a musket ball. There was a large external wound, and a considerable amount of cerebral substance was found to have escaped. He died in less than an hour.

On Inspection, the ball was found to have entered the skull a short distance below the parietal protuberance of the right side—to have passed directly through the brain, and to have made its exit at a corresponding part of the left parietal bone, having, in its passage, completely shattered the skull. The second, an Irishman aged 20 years, received his injury while looking from the second story window of a house in the vicinity of the fire. When brought to the house, six hours subsequently, he was found to have been shot in the right temple, the slug having passed into the brain, portions of which were seen about the wound. His condition was one of almost entire stupor; pulse feeble and oppressed, extremities cold, with some paralysis. A piece of wet lint was laid over the wound, heat and sinapisms were applied to the extremities, but, as was expected, with no appreciable benefit. He died at 4, P. M. A *post mortem* examination was made on the following day. No wound could be found on the body, and but one—that of the right temple—elsewhere. The calvaria having been removed, was found perforated at a point corresponding with the external wound.

While examining its inner surface, a small clot was noticed adherent to the bone about an inch to the left of the median line, and two inches in advance of the lambdoidal suture, corresponding

with an irregular opening in the dura mater. The coagulum having been removed, no injury of the superimposed bone could be found. A probe was then carefully introduced into the opening in the dura mater, and passed downwards until it came in contact with a foreign body. The membrane was then divided, and the cerebral mass lifted out, in doing which a medium size slug fell from the inferior part of the brain. A small coagulum was subsequently found resting upon the base of the skull. The entire tract was next laid open, and the slug was found to have passed somewhat diagonally through the upper part of the right hemisphere, crossing the median line, to have struck the inner table of the parietal bone at the point designated by the clot, thence to have been deflected through the posterior part of the left hemisphere down to the base of the brain, having in its primary course passed above the right lateral ventricle, and in its diverted course posterior to that of the left side, leaving undisturbed the integrity of each.

The third, a delicate young man, received a musket ball in the leg, a short distance below the head of the tibia. When brought to the house he was faint from loss of blood, which however, appeared to be exclusively venous. The ball was found to have fractured the fibula, but so far as could be ascertained the tibia was uninjured. Hemorrhage was arrested by applying a small piece of lint over the wound, the limb was carefully placed in a fracture box, and the cold water dressing applied. Small doses of sulphate of morphia were occasionally exhibited. Although very weak, the patient did favorably until the third day following, when symptoms of gangrene of the leg manifested themselves. Stimulating poultices were at once applied to the part; tonics, porter, and a generous diet given, but without arresting the progress of the disease. His extreme debility would have prevented amputation had it been otherwise deemed proper. The mortification rapidly advanced, tetanoid spasms supervened, and the patient died on the 23d inst., thirteen days after the receipt of the injury. No autopsy was obtained. In this case it is not impossible that the anterior tibial, or what is more probable the popliteal artery, may have been so bruised by the ball as to have cut off the supply of blood from the parts below it.

The fourth, a fireman, aged 30, was shot in the right breast. The missile, which could not be felt, but which from the appearance of the wound was probably a small slug, passed obliquely

upwards and outwards towards the axilla, and appeared to have buried itself in the pectoralis major muscle. There was no evidence of injured lung, the physical signs were perfectly normal during the whole course of his treatment, and notwithstanding the extreme alarm of the patient (a large muscular man) no unfavorable symptoms presented. Rest and the water dressing constituted his treatment, and he left the house apparently well fifteen days after his admission.

Of the four who remain, two are colored men, in one of whom a small slug passed into the eye through the lower lid, immediately below the lachrymal caruncle. The effusion and inflammation which followed the injury, readily yielded to prompt antiphlogistic treatment, but the patient is recovering with complete amaurosis of the left eye. In the second, a musket ball had passed through the left lung, grazing the pericardium, and was found lying on the posterior part of the thorax under the skin, from which it was removed by a slight incision. This patient, though convalescent is still under treatment.

Two firemen also remain, one of whom received a musket ball in the fleshy part of the thigh. Entering somewhat posteriorly, it passed upwards and outwards without reaching the bone. Under rest and the water dressing, he has rapidly improved; the tract of the ball having sloughed is now granulating, and he will be discharged in a few days. In the last, a musket ball entered the leg at the inner margin of the spine of the tibia, about two inches below the head of the bone, passed obliquely downwards through the interosseous space without injuring either bone, and was found pressing upon the skin of the calf of the leg, from which it was released by a slight counteropening. There was but little hemorrhage at the time of the accident, and the patient did favorably for several days. On the separation of the slough he was awakened by a profuse discharge of blood, and lost about twelve ounces before it was arrested. The bleeding was stopped by pressure, since which there have been two slight hemorrhages which have been easily checked. The part is now rapidly filling up, and the man will soon leave. In this instance the loss of blood was probably from one of the smaller vessels, but in each the escape from fracture of the bone was truly remarkable.

Rupture of the Bladder.—An English weaver, aged 40 years, was

brought to the hospital September 14th, having received a serious injury on the previous night. His condition indicated extreme suffering, his face pale and anxious, respiration hurried, pulse feeble, and frequent. There appeared to be no marked paralysis, but from pain or debility the patient was unable to walk. His prostrate condition rendered it difficult to ascertain the manner in which the injury had been received, but so far as could at the time and subsequently be learned, it appeared, that having been left for the night in the upper story of a building he had become alarmed, and in the dark had walked through an open hatchway, alighting directly on his buttocks, one or two stories below. No injury existing in his chest, his abdomen was next examined. This presented no marks of external violence but was found distended and exquisitely painful on pressure, especially in the hypogastric region. As no water had been passed since the accident, a silver catheter was introduced, and a large quantity of very bloody urine drawn off; after which the patient appeared somewhat relieved. On the following morning he was found extremely feeble, suffering much from abdominal tenderness, with the anxious countenance and hurried respiration of the previous day, to which was added great gastric distress, and occasional vomiting of a yellowish watery fluid. The catheter was again introduced and a small amount of urine, not more than two fluid ounces, but natural in appearance, was removed. The diagnosis was somewhat obscure but upon summing up the symptoms, rupture of the bladder was suspected to have occurred. The manner in which the injury had been received, the tenderness in the hypogastric region, the sudden and extreme prostration, the removal in the first instance of so large an amount of bloody urine and the small quantity withdrawn in the subsequent use of the catheter, added to which the absence of fracture of the vertebræ and of paralysis of the lower extremities, seemed to justify this opinion. He remained in this condition for a few days, had frequent vomitings and continued abdominal pain, pulse thread-like, face pale and bathed in sweat. Wine whey and essence of beef were freely given, anodyne fomentations applied to the abdomen, but the patient died on the evening of the 17th. A *post-mortem* examination was made on the following morning. The abdomen having been opened was found to contain several ounces of urine, and the bladder was found ruptured at its superior fundus, very slightly in advance of

its median line. A probe introduced through the urethra passed without difficulty through the opening in the viscus. The parts in the vicinity of the bladder were somewhat softened, as if in a state of incipient decomposition; there was no evidence of inflammation, the patient's system probably having at no time after the injury been possessed of vitality sufficient for such a result. The rent was transverse, and admitted three fingers. No other injury could be discovered.

It is much to be regretted that the statements of patients as to the manner in which their injuries are received are so frequently vague and obscure. In order that reliable inferences should be drawn from any case, these statements should be critically correct. In the above instance I was at first disposed to believe that the abdomen had been struck in the fall, but the patient was positive that such was not the case, and this was confirmed by subsequently finding the lower part of the back considerably discolored by bruises. There is little doubt that the bladder was full of urine at the time of the accident, as the man had been confined to the room during the night as a punishment for some neglect of duty. That the secretion of the kidneys is increased by the emotion of fear, is well known.

JAMES S. LEVICK,
Resident Physician.

Pennsylvania Hospital, November 1st, 1849.

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PHYSICIAN AND PATIENT; *Or a Practical view of the Mutual Duties, Relations and Interests of the Medical Profession and the Community.* By WORTHINGTON HOOKER, M. D. New York: Baker & Scribner, 1849. pp. 453. 12mo.

DEONTOLOGIE MÉDICALE : *ou Des Devoirs et Des Droits des Médecins ; Dans L'Etat Actuel de la Civilization.* Par le Docteur MAX. SIMON. A Paris, chez J. B. Bailliere, 1845. pp. 590. 8vo.

MEDICAL DEONTOLOGY : *Or Concerning the Duties and Rights of Physicians, in the Present State of Civilization.* By Doctor MAX. SIMON.

On the Relations of the Physician to the Sick, to the Public and to his Colleagues. By the late CHRISTOPHER WILLIAM HUFELAND, M. D. Oxford: 1846. pp. 37. 16mo.

The production of the works whose titles we have just given, are significative and encouraging. They manifest a desire on the part of medical men to investigate their duties and their rights, both to each other and to society at large; and they give promise that the results of such investigation, while quickening the profession to renewed efforts for the discharge of its duties, will inspire it also with proper confidence in support of its rights.

The entire subject is very comprehensive, owing to the numerous and diversified relations of the physician to his fellows, to the community, and to the state. A code of medical ethics, or of medical deontology, as it is called by M. Simon, has a far wider reach than that of regulating the conduct of physicians in their intercourse with each other, and with the sick—important as rules for this purpose undoubtedly are. Its enactments must include, likewise, the direction of the mind to the right studies, suitable preparation for discharging the active duties of the profession, and a continued conscientious investigation of all the facts and phenomena which, either directly or collaterally, make up the science of medicine. Rash conjecture and paradox are not only adverse to medical philosophy, but, also, to medical ethics; they injure by

the intellectual obliquity of those who indulge in them, to an equal extent with the boastful promises and empirical arts, evincive of moral obliquity. A physician, who is true to the ethical proprieties of his vocation, has not the privilege of indulging in credulity on the one hand, nor cynical scepticism on the other. Truth in her scientific, not less than in her moral, garb, must ever be before him, as at once a companion and a guide. Ingenuity when not sustained by a rigorous logic, becomes little better than frivolity in him whose knowledge and whose fashion of argument are not used so much to aid science as to dazzle the ignorant.

Qualifications of a high order, on the part of the physician, are demanded, not only for the satisfactory discharge of what may be called his strictly professional duties, but, also, of those which consist in monition and advice to the community on subjects relating to public hygiene and the prevention of epidemic diseases. On these occasions, he must show an acquaintance with the elements of political economy, and, above all, of whatever, in this science, relates to the encouragement of agriculture and the production of the most abundant and healthy food.

Here the duties of the physician become blended with his rights. It is his duty to acquire the most accurate and detailed knowledge of public hygiene in all its bearings. It is also his right to make himself heard, even though he should not be formally consulted, on the application of this knowledge to the preservation of the public health. In this office he performs the part of a practical philanthropist, both by warding off or removing numerous physical ills, and by consequent improvement of public morals; for it is quite obvious that the laws of hygiene are ever in harmony with the moral code, and are necessary both to its adequate comprehension and successful operation. How, for example, can people living in squalid misery, huddled together in small, damp and badly ventilated lodgings, and who, in place of using wholesome food, stupify themselves with alcoholic poison in the shape of distilled spirits; how can their brains be favorably impressed with the lessons of morality and religion; how escape the deteriorating influence of the polluted moral as well as physical atmosphere with which they are surrounded? It is easy to see that the physician, in pointing out proper sanitary measures, and giving advice for establishing an efficient medical police, imparts powerful sup-

port to legal enactments for the preservation of the public peace, which is ever most disturbed in the most unhealthy parts of all large cities. He becomes at the same time an efficient coadjutor with the directors of public and the teachers of Sunday schools.

His advice and services in this way must not be viewed in the light of incidental gifts, which can be withheld or offered by him, and received or refused by others, at will. They are, on the contrary, an integral part both of his duties and of his rights.

So, likewise, ought his knowledge of climatic influences, and of medical geography at large, to be freely invoked by government for its guidance in fitting out either maritime or military expeditions, making selections of scites for military posts, encampments, &c. The grief felt by every humane person at the destruction of human life by war, must be greatly increased when it is known, that, for one man lost on the field of battle, at least two men sink under diseases incident to the exposures of a camp life, and faulty military hygiene, arising, for the most part, from a neglect to consult the medical corps on the best means of preventing these disastrous results.

We must, however, on this point, grant that medical men have been too often below the requirements of their station; and that an acquaintance with climatic influences and the causes of endemic diseases—medical geography in its large sense—is too seldom a part of their attainments, and hardly ever included among their positive studies. The neglect is to be the more regretted, and is, at the same time, the less excusable, when we reflect on the admirable model for inquiries of this nature, furnished by Hippocrates himself, who, in this, as in so many other important particulars, added example to precept.

It is not our purpose, at this time, to enter into a minute analysis of the works now on our desk; nor is it necessary critically to examine their respective merits. The *Medical Deontology* of M. Simon is more æsthetical—the treatise of Dr. Hooker and the tract of the German professor more practical; the former contains more of the objective—the latter of the subjective. We would not be understood, however, to mean that they are broadly contrasted in these respects, or that the French author is deficient in specific applications, or the American and German in general principles. We merely indicate the more obvious tendencies of each of them.

M. Simon begins with an elaborate introduction, in which he

exhibits the prominent obligations of a physician to the sick and the community, and the trials and temptations to which he is exposed; and at the same time the author notices some of those higher relations of a physician to the philosophy of life, to political economy, to morals and to religion.

In the first book he treats of the *Duties of Physicians to themselves and to Science*, and discusses in its several chapters the motives by which the physician is governed in the cultivation and practice of medicine; the influence of medical studies, and of the habitual spectacle of suffering, on his mind; the moral and intellectual qualities which he ought to exhibit in the practice of his profession; skepticism in medicine; medical literature; the duties of physicians who engage in the mission of contributing to the advancement of the science and the progress of the art, by the publication of their labours; veracity as a duty towards science; the influence of the passions in the cultivation of the medical sciences; criticism in medicine.

The second book is devoted to an investigation of the *Duties of Physicians to their Patients*. It includes chapters on the general duties of physicians in their intercourse with the sick; also particular duties which they owe to women and aged persons; their duties during the prevalence of epidemic and contagious diseases; therapeutical circumspection; esoteric medicine; measures which ought to be interdicted by physicians in their treatment of the sick, their duties to their patients when diseases are incurable; and to the nervous and hypochondriacal; the limits to which experimenting in medicine ought to be restricted; moral medicine; the use of intimidation in the treatment and prophylaxes of diseases; euthanasia.

In the third book, *on the Duties of Physicians to Society*, M. Simon discusses the following topics: medical skepticism of members of the community generally, and the means by which the physician ought to overcome it; how he ought to combat the dangerous prejudices which he meets with in society; the sinister influence which medical theories may exert on society; medicine considered in its relations to civilization; the subjects on which the physician may enlighten the legislator in the actual state of civilization; how medicine may become the auxiliary of good morals, and compensate in a measure for the imperfection of the law; the general duties of medical legists.

The fourth and last book, on the *Rights of Medicine*, embraces a view of the organization of medicine; medical responsibility; certain immunities which it would be but equitable to grant to physicians, as a compensation for their peculiar burthens; finally, the political rights of physicians.

On all these various themes, M. Simon writes in a lofty and liberal spirit: liberal in its tone of expanded, yet practical benevolence, and lofty in its standard of professional worth, and of professional obligation. Different from too many of his countrymen, he lays down Christian morals as the true basis of medical ethics, that on which the physician can most safely rest the rules for his guidance in his intercourse with the sick, with his fellow practitioners, and with society. Thus enlightened, he will never lose sight of his noble mission, so far as to minister to vitiated taste and vulgar prejudices, or to attempt to win his way to public notice by the arts of a paltry trafficker.

We wish it were in our power to follow M. Simon in his successive sketches, and to reproduce the fine literary and moral coloring which he imparts to them; but our narrow limits forbid the attempt, and we must pass on to a notice of the work of Dr. Hooker.

The production of the American author is couched in the same genial spirit as his French contemporary; and we cannot help feeling, while we peruse his pages, that he is himself what he tells us the physician ought always to be, "a hopeful, a cheerful man."

In his introduction, Dr. Hooker tells us, that one object of his book is to expose certain medical errors which constitute the material of quackery, "and to show the *modus operandi* by which the genius of imposture has produced from them the fantastic and ever-changing shapes of empiricism."

Another object of the author is to present the claims of the medical profession to the respect and the confidence of the community. "The confidence reposed on us is not as intelligent as it should be. It is unsettled and capricious."

In his attempt to establish their claims to confidence, he does not lose sight of one great obstacle to success. It is the quackery which is practiced among medical men, and which "is a much

greater evil than that which is abroad in the community." He attacks it therefore with no unsparing hand. The author very judiciously remarks: "When the rules of an honorable professional intercourse shall come to be properly understood and appreciated by the public, one of the great sources of the success of quackery will be removed."

The want of a common standard of judgment for the physician and the friends and attendants of the sick, sadly interferes with the purposes and plans of the former. To the elucidation of the difficulties arising from this cause, a considerable portion of the present work is devoted.

When treating of the uncertainty of medicine, and the obstructions encountered in its study and practice, Dr. Hooker lays great and merited stress on the importance of a well educated medical profession.

In the opening chapter, he enumerates the chief causes which make diseases complicated, and, as a consequence, medicine uncertain. The argument makes no pretention to originality; but it is clearly stated under its appropriate heads. Next follow observations on *Skill in Medicine*, which he regards as "*appreciating the condition of the patient in all respects; and applying remedies in the best manner to relieve that condition.*"

Popular Errors is the theme of another chapter, which, though most common among the crowd, are not seldom indulged in by the profession. The *post hoc ergo propter hoc*, and a sort of universality attributed to favorite remedies, are errors not confined to the annals of quackery on the one hand, nor of credulity on the other, in which physicians have no participation.

Quackery is discussed in chapter fourth, and its grand cause, the referring effects to false causes, pointed out. Quack medicines are, the author thinks, principally of three kinds: evacuants, alteratives, and those supposed to have a specific action on the lungs. The popular pathology of quacks, it might have been mentioned, consists in impurity of the blood, and their therapeutics, in harmony with this view, profess to furnish remedies which are supposed to eliminate or neutralize the peccant matter.

Dr. Hooker mentions the quantities of inert and damaged articles used in the preparation of quack medicines. The certificates in favor of alleged cures by these articles, are chiefly of four

kinds: 1. Forgeries; 2. Those which are untrue; 3. Those given by invalids imagining themselves to be relieved; 4. Those given by invalids who are relieved while taking the medicine, and who infer that the relief was obtained by this latter. *Apropos* of certificates of clergymen, it is too truly said: "No class of men have done more harm by giving certificates of cures by quack medicines, than clergymen."

The assistance given to these various systems of imposture, coming under the general head of quackery, by the newspaper press, is also very great. "Not content with advertising quack medicines, they, [the newspapers,] for a liberal fee, admit into their columns, articles which have the appearance of editorial recommendations; and these are copied, as such, into advertisements in other newspapers. And besides all this, respectable [?] editors have often refused to publish any exposure of the impositions of quackery."

The author next describes other forms of quackery: such as itinerant lecturers, who sell books, medicines, trusses, breathing tubes, &c. "Some of these empirical lecturers have, as a special attraction, one or two lectures, particularly for the ladies, to which no gentleman can be admitted; and one or two, also for gentlemen, from which the ladies are excluded. I will only say," continues Dr. Hooker, "that in every case in which I have known this to be done, the character of the lectures has been such as no virtuous community should tolerate."

Animal magnetism, as applied to medicine, is passed in review by the author, who also notices in the same connection Paracelsus, St. John Long, and Perkins with his metallic tractors. Some amusing instances of credulity and boastful promise are given in relation to this last mentioned phase of quackery, or Perkinism, as it was called, which, in less than ten years after the summing up of the five thousand cures, was only thought of as a thing that was past. The far-famed tractors are now almost forgotten.

Thompsonism, or *Thomsonianism*, next comes in for a share of critical notice and commentary. The prominence which this system of quackery once acquired, and still in some quarters retains, may be a justifiable cause for repeating, under the title of its principles, a farrago of assertions in contradiction to anatomy, physiology and common experience. We have not ourselves the patience

to repeat even the outlines of such a tissue of absurdities, notwithstanding that Thompson has been put, by Dr. Bartlett, on the same line of theorists as Dr. Rush.

Homœopathy is the subject of chapter sixth, and forms one of the examples of a wide spread and, in reference to the pecuniary gains of many of those who practice it, successful quackery. After an outline of the theory of Hahneman, Dr. Hooker enumerates the causes of its *apparent* success ; among which faith, and a strict regard to diet and regimen, must be considered the chief ones. An occasional stealthy use of remedies in ordinary use, also explains in part some of the cures obtained.

Unsound and untenable in theory, homœopathy is impossible, if the practice is attempted to be carried out according to the dicta of infinitesimal doses ; and it is an imposture if, under the plea of these doses, those in common use or of appreciable quantity and strength are used. Its advocates may take their choice, they must either assume an impossibility, nothing short of continual miracles, if they are honest in their belief, or they must practice or connive at fraud, in having recourse to medication of a different nature from that which they profess.

Chapter seventh is taken up with *Natural Bone Setters*, and their manipulations, which sometimes reduce an old dislocation, but more frequently cause a laceration of ligaments, and aggravate chronic inflammations of joints. Of their blunders in this way, Dr. Hooker furnishes some striking proofs.

Under the head of *Good and Bad Practice*, in chapter eighth, we meet with many judicious reflections on the fallacy which is fostered by taking results as proofs of good practice, without a knowledge of all the antecedent and associate circumstances of the case. To determine the difference between good and bad practice, requires, 1st, "a sufficient amount of evidence ; 2d, skill in observation."

Dr. Hooker protests against the common belief "that a man may be an ignoramus in regard to other subjects, and yet may have great skill in medicine." On the contrary, he very correctly alleges, that "true skill in the practice of medicine, requires the possession of a wide range of talents, and among them sound judgment or (as it is familiarly called when used in reference to ordinary subjects,) common sense is pre-eminent."

The author furnishes "five ways of judging of the skill and attainments of the physician."

"The reader has seen that there are then *five* ways of judging of the skill and the attainments of a physician. 1st. By examining his opinion on medical subjects, and the reasons upon which they are based. 2d. By observing his practice, and comparing its results with those of the practice of others. 3d. By inquiring into the evidences of his education. 4th. By observing the unbiassed opinions entertained of him by his medical brethren. 5th. By observing his mental qualities as they are exhibited in relation to those subjects which the observer himself understands.

If the inquirer be a physician, he can very properly make use of the two first-named means of arriving at the estimate. But if he be a non-professional observer, he must for the most part give up these means, as being liable to lead him into error, and resort to the remaining ones. That he should *entirely* give up the two first means I do not claim. All that I claim is, that he should place very little reliance upon them, while his chief reliance should be upon the three last."

The reason why intelligent men have not availed themselves of those means of forming a correct opinion on so important a subject, are set forth in this chapter, in pages 237-9. They are, chiefly, the contented selfishness of a large number of the medical profession, who are satisfied with the false position which they themselves have acquired, by arts resembling those of the quack; and in part by another class, whose intentions were at first good, but who despairing of reform, yield too readily to the current of imposture, if they do not actually exert themselves to keep in it.

A lesson of wisdom is, however, now being taught to these recreants from true science and philanthropy, which may amend them by its acting directly on the sensitive part of their nature.

"They find that their cunning subservience to the false opinions of the people, has increased the hold of those opinions upon the public mind; and, as a wide door has thus been opened for quackery, they find that the same arts, in using which they have been so successful, are now used quite as dexterously by the whole herd of ignorant quacks and showy pretenders. They find that the Homœopathist is stealing away some of their best, and, as they thought, their most reliable patients. The Thompsonian, the Chronothermalist, &c., are committing similar depredations. And of all this they have no right to complain, because these pretenders obtain these patients by the same artful and deceptive means, by which these physicians at first acquired them, and by which they have so long retained them heir patrons."

It is a melancholy truth, repeated by Dr. Hooker, that the profession itself has given birth to much of the quackery of the present day.

In the ninth chapter, under the head of *Theory and Observation*, Dr. Hooker points out the true basis of theory ; consisting as it does, in observation, and the facts which furnish materials to the observer. The mortifying remark is made, that the history of medicine is very much a history of theories. We have, however, the consolation to know, as mentioned by the author, that there is a reform in medicine in progress,—a breaking loose from theory, and an adherence to rigid observation.

In the following chapter, having for its subject the *Popular Estimates of Physicians*, we read of the generally erroneous estimate made of them, and the means by which the community may be enabled to form a more correct judgment. Too true is the remark, that medical education is practically despised by a large portion of the public. Indeed, so far is this carried, that the very acknowledgment by the world, of a physician being a close student and a learned man, is made in a tone and manner which imply disqualification for the successful practice of his profession. In the main, we may receive the test of the possession by the physician of certain necessary mental qualities, laid down by Dr. Hooker, viz: to observe them as exhibited by him, in regard to subjects which the observer understands in common with the physician. We say in the main; we ought to have added, with the proviso that the observer, who forms his judgment of the physician, has himself an adequate fund of common sense, and an ability to make a fair comparison, and draw a correct conclusion. There are so many men whose ideas do not extend beyond their tools, their looms, their weights and measures, and their yard stick, that only a comparatively small number remain to enact the part of judges of professional qualities and merits.

The *Means of Removing Quackery* constitute the subject of chapter eleventh. The author, after alluding to faulty efforts to undeceive the public on this subject, points out those which he deems to be more efficient. Among these latter are the individual influence of physicians, especially exerted on the intelligent who sustain quackery ; and careful abstinence, by medical men, of either directly fostering the evil by certificates in its favor, or

of giving it countenance by their own empirical proceedings. That there is a strong spirit of quackery in the medical profession, the tendency to which must become every day greater, with the rapid and disproportioned increase of its numbers, is, we fear, too evident, unless stringent rules be enforced, by enactments and agreements emanating from its own body. The author regards the formation of the American Medical Association an important movement in the destruction of quackery. We are sanguine enough to entertain similar hopes, with the understanding that the profession comes forth in adequate numbers, and that its voice is neither stifled, nor made to utter false notes, by cliqueism, or by attempts to confine, from year to year, executive action in the same small circle.

In the chapter on *Intercourse with Physicians*, we meet with much sound and discriminating inquiry. The following remarks convey a salutary hint even to those who have joined various associations in a spirit of good fellowship, and with kindly, if not benevolent intentions.

“The disposition to jealousy and strife in the medical profession is also promoted by the associations which are sometimes formed by physicians with each other, or with the community, for the sake of furthering their own selfish ends. Professional cliques on the one hand, and alliances with various societies, social, moral or religious, on the other, when relied upon as means of advancing one’s professional interests, are always inimical to the harmony of medical men. They render competition unfair and dishonorable, and therefore contentious. The physician who calls to his aid the influence of a sect, or a party, or an association of any sort, in so doing not only places himself in an attitude to awaken distrust, but subjects himself, in maintaining the alliance, to a necessity for employing means of self-aggrandisement, which will conflict with the rights of others, and will therefore involve himself in either a secret or an open warfare with his brethren.”

The Mutual Influence of Mind and Body in Disease is a theme too vast to be fully discussed in the single chapter devoted to it by Dr. Hooker. The aspects under which he examines it, are chiefly ethical, as governing the physician in his deportment in the sick room. While, in general, it is the duty of the medical attendant to do his best to soothe and allay all nervous and mental excitement, he will sometimes find it useful to encourage this state, and especially by appeals to the imagination, and

by diverting the mind from attention to the bodily feelings as well as to common daily cares.

Chapter fifteenth, on *Insanity*, contains a pleasing outline of this important subject, exceedingly useful to the general, and not without interest even to the professional reader.

Connected with the subject of the chapter on the mutual influence of mind and body, is that of chapter sixteenth, on *Hope*. The nice question, of how far hope is to be nourished in the mind of a patient, and how far the truth, melancholy as it may be, should be told, is examined on the present occasion by Dr. Hooker, in this and in the following chapter, on *Truth in our Intercourse with the Sick*.

The evils of deception are pointed out in two classes of persons, in whose case it is too often supposed to be a venial error, if not actually justifiable. These are children and the insane. Both of them are keener observers, and have a better perception and recollection of right and wrong practised upon them than is generally imagined.

The *Moral Influence of Physicians* is a fertile subject. The peculiar and intimate relations of the physician with the Sick, his acquaintance with all their infirmities, both of body and mind, and the unlimited trust so often reposed on him, under these circumstances, require the greatest circumspection and delicacy, as well in speech as in manner. His influence on the mind weakened by disease, or yet plastic in the young and inexperienced, is great, and in its exercise subjects him to a dread responsibility. With the various details of quarrels and bickerings in families, and between individuals, whose medical adviser he is, he has nothing to do, except (and the exception is indeed an important one) to soothe angry feelings, and to be a mediator and peace maker. This does not imply his becoming an arbitrator, the office of which demands more time, and leads to investigations which sometimes increase existing difficulties, and subject him to the danger of being a party to the dispute, in place of a disinterested friend intent in allaying it.

Trials and Pleasures of a Medical Life are the subjects of the nineteenth and concluding chapter, of "Physician and Patient." They give a picture in which, although the shading must predominate, there are still gleams of sunshine, and bits of bright land-

scape, and lively groups, which, if they do not excite to joy, at least enable us, every now and then, to throw off sadness and inspire us with renewed hopes in our pilgrimage.

The reader will have seen from the preceding outline, meagre as it is, the scope and aim of Dr. Hooker in writing this work. We cannot forbear to add the expression of our pleasure at the successful manner in which the author has performed his task. His train of argument and illustrations are sound and logical; his facts apposite, and the purpose and the style in which the whole is dressed, are in harmony with the subject, and well adapted to secure the continued attention of his readers. We hail the appearance of "Physician and Patient" as a valuable addition to our medical literature, in a field which is but just opening to our view, but in which an abundant harvest will yet be reaped, for the common benefit of the profession, who will gather it in, and of the authors who have sowed the seed.

We shall conclude with a few passages taken from the Advice of Hufeland. We have called this little work a tract, and so it is in size, object and mode of publication. It is extracted from the "*Enchiridion Medicum, oder Anleitung zur Medicinischen Praxis*" of the author, and is issued in an English dress, in its present form, by Dr. Greenhill, of Oxford. This last named gentleman, whose classical lore excites admiration, and whose earnest piety commands our reverence, has given a portion of his valuable time to the editing of small volumes of the biography of medical men, eminent for the religious faith, and of Letters and Addresses, together with prayers, with a design to encourage religion and piety in the profession generally.*

* Among these (published in Oxford and London) we find the lives of George Cheyne and Thomas Harrison Burder, and of the Rev. Sir James Stonhouse, Bart., M. D., Burder's Letters from a Senior to a Junior Physician, Address to a Medical Student, and Prayers for the use of the Medical Profession; making in all six volumes, 16mo. To these we believe we may add as of subsequent publication, although we have not seen them, the Life of Dr. Thomas Willis, and the Life of Sir Thomas Browne. Dr. Greenhill gives a list of twenty-four physicians, most of them of admitted eminence in the profession, either as writers, authors, or practitioners, respecting whom, he asks to be furnished with Letters and Papers, &c. "The profits of these little works, if any, will be given to some Medical charity."

The Relations of the Physician, as laid down by Hufeland, are threefold ; 1. Towards the sick ; 2. Towards the public ; and 3. Towards his colleagues. The obligations of the physician under these several heads are so well and clearly inculcated, that, on perusing them, we felt tempted to transfer the contents of the little volume entire to our pages ; but we must reluctantly refrain. We cannot, however, dismiss the subject without introducing to the notice of our readers some of the portions of the advice of the learned and amiable author.

After speaking of the *attention, accuracy and conscientiousness* demanded of the Physician, he adds the following picture of what a medical man ought to be in his address, manner and general deportment.

“But skill and art alone are not sufficient. He must be particularly mindful of his *conduct*. It is this which recommends him to the public, and creates confidence and admittance ; for, as the generality of people are incompetent to pronounce on his science, it is natural for them to take their measure of his ability from the measure of his conduct. By force of conduct alone a Physician of very moderate talents may become the favorite of the public, and without it the most skilful professional man remain unnoticed and unappreciated. Of his external appearance also he must not be regardless ; it should comport with the dignity of his station and the importance of his duties.—In the main features of his conduct he should be apt to create confidence, friendly with dignity, decent without affectation, gay but not frivolous, serious when he ought to give importance to his subject and his words, complaisant and indulgent in all trifling matters, but firm while executing important measures and sustaining the pronounced sentence : sympathizing and cordial, of sound sense and regard for Religion and its consolations, neither taciturn nor loquacious, much less a news-monger, but devoting his whole attention to the sick, noticing every circumstance, careful in the examination of the patient, observing even those around him, neither eccentric nor vulgar, neither coxcomb nor pedant, but holding to the middle way in all things ; especially not passionate and angry, but calm and circumspect ; for a quiet and sober sense creates confidence.—It is a great fault common to young practitioners, particularly of late, that they strive principally to excite sensation, whether it be by the newest fashion of dress or science, or by love of paradox and singularities, or even by charlatanism.

But there is a great difference between exciting sensation and creating confidence ; yea, the former prevents the latter from taking

place, and it is only by the latter that a lasting prosperity is founded. Exciting sensation can, of course, have the effect of making a Physician the topic of conversation for some time, and even of procuring him a large concourse of patients, but the attraction of novelty soon ceases, and the meteor vanishes into nothingness. On the other hand, the silently meritorious practitioner, honestly persevering and unwearied, may remain for a time unnoticed, but, in establishing him slowly in the love and confidence of the better part of his neighbors, he lays a surer and firmer foundation for future prosperity."

On the policy not less than the duty of kindly bearing and speech of a Physician towards and respecting his professional brethren, we read these emphatic lines.

"Oh! that I were able to impress the minds of my brethren with the truth as forcibly as I am penetrated by it, that he who degrades a colleague, degrades himself and his art. For, in the first place, the more the public becomes acquainted with the faults of Physicians, the more will Physicians become exposed as contemptible and suspicious, and the more will such exposure impair confidence; and, when confidence in the whole body is diminished, each member, and the censurer included, will lose a share of it. The public would be less prone to censure the medical profession, and its faults would not be a favorite topic of conversation, if the members themselves did not broach it, and set the bad example. It shews a short-sighted selfishness and want of all common spirit, when a Physician acts in such a manner, and thereby hopes to raise himself in the same proportion as he degrades others. Further, such conduct is in opposition to the first principles of morals and Religion which command us, not to lay bare the faults of others, but to overlook and excuse them."

The following "*Maxims and Rules for Beginning Practitioners*" terminate this little tract, and most worthily too both for the author and his editor.

"Every sick person is a temple of Nature: approach it with awe and devotion, devoid of frivolity, egotism and want of principle; then will Nature look at you with grace, and disclose to you her secret.

Bear always in mind, who you are and what your office is. You are employed by God as priest of the holy flame of life, and as administrator and distributor of His highest gifts, health and life, and of the secret powers which He has bestowed throughout Nature for the benefit of mankind. A sublime, a sacred task! Perform it purely; not for your advantage, nor for your fame, but for

the glory of the Lord, and the salvation of your fellow man. You will one day have to give an account of it.

Maintain always the dignity of the profession in yourself and in others; and never degrade it so as to make it a trade, and the means of bad purposes.

In imminent danger to the sick you must risk all, even reputation.

In general, never think of yourself, but of the patient.

The most sublime vocation of man, after the service of the Deity, is that of being priest of the holy vital flame, and an administrator of God's highest gifts, and of the most secret powers of Nature—in one word, a *Physician*.

Do you think, that, when you appear before the throne of Eternal Truth, you will be asked, "After what system did you act? Did you comply with it, and have you brought it to perfection?" The question will be this: "I made you steward of the wonderful powers which I have placed in Nature and her products to benefit mankind; how did you distribute those treasures? for the benefit of mankind, with gratitude and adoration? or for the honor of your name, with selfishness and egotism? Did you, in your researches and actions, strive merely for truth, to help your brethren, or was it all for self-interest?"

To him, to whom Medicine becomes not a Religion, it is the most disconsolate, troublesome and ungrateful art on earth; yea, it must become with him the greatest frivolity and sin; for only that which is done in God, is holy and beatifying. How is it now-a-days with many? Nothing but a mere speculation, a means to make a fortune, to gain money and notoriety: even with the better sort of practitioners, the pursuit of the healing art reaches no higher than an investigation of Nature."

The three kinds of Cod Liver Oil; comparatively considered with reference to their Chemical and Therapeutical properties. By L. J. DE JONGH, M. D., of the Hague. Translated from the German, with an Appendix and Cases, by EDWARD CAREY, M. D. To which is added an article on the subject from "Dunglison on New Remedies." 8 vo. pp. 211. Lea and Blanchard, Philadelphia. 1849.

Although Cod Liver Oil was employed in the treatment of disease by Percival some seventy-five or eighty years ago, and subsequently recommended by a number of writers, through medical journals and tracts, as a valuable remedy for various complaints, it can hardly be said to have been extensively employed until within a few

years past ; and now, there is scarcely another article in the list of the *Materia Medica* which receives so large a share of the attention of physicians. Gold, antimony, mercury, sarsaparilla, iodine, &c., which have been regarded, in their day, as the great modifiers of nutrition, and, therefore, in some sort as specifics in various chronic and cachectic diseases, seem almost by common consent to have been laid aside for this new eutrophic. Every thing that can shed light on a subject of such general interest must be acceptable, and although there have been numerous papers devoted to it recently, the present publication is undoubtedly the most full and complete exposition of the history of Cod Liver Oil, embracing its preparation and therapeutic properties, that we have yet seen.

It would seem probable from Dr. De Jongh's investigations, that the three kinds of cod liver oil which supply the German and English markets, are derived from the same source, and owe their differences to the circumstances of preparation.

In the United States, we have also three varieties of the oil, viz. brown, yellow, and pale—principally, however, the brown and the pale—and it is quite probable that their differences depend upon similar causes, although there is ground for believing that the same fish do not supply the European and American markets. In the former—at least in England and Germany—the Bergen oil is official ; and this, according to the author's correspondents, who seem to have the best means of knowing, is chiefly supplied by the livers of the Dorse (*Gadus Carbonarius* sive *Aselus Niger* ;) while that employed in this country is obtained from the livers of the Torsk (*Gadus Morrhua* sive *Aselus Major*.) But, it is alleged that the fishermen are not very particular in selecting the precise species, and that some half a dozen are used indiscriminately for the production of cod liver oil. As far as we have been able to discover, the oil procured from these different species presents no great differences in composition or in therapeutic effects, so that the experiments performed with the Bergen oil, apply also to that generally used in the United States.

We have not space for a detailed account of the very elaborate quantitative and qualitative analyses of the author, but the following is his "*general summary*."

100 parts of Cod Liver Oil contain,

	Brown	Light Brown.	Pale.
Oleic acid with brown substance (Gaduine, and two peculiar bodies }	69.78500	71.75700	74.03300
Margaric acid	16.14500	15.42100	11.75700
Glycerine	9.71100	9.07300	10.17700
Butyric acid	0.15875	...	0.07436
Acetic acid	0.12506	...	0.04571
Fellic and cholic acids, with some oleine, margarine, and bilifulvin }	0.29900	0.06200	0.04300
Bilifulvin, and bilifellinic acid, and two peculiar substances }	0.87600	0.44500	0.26800
A peculiar substance, insoluble in alcohol of 30° }	0.03800	0.01300	0.00600
A peculiar substance, insoluble in water, alcohol and ether }	0.00500	0.00200	0.00100
Iodine	0.02950	0.04060	0.03740
Chlorine with some bromine	0.08400	0.15880	0.14880
Phosphoric acid	0.05365	0.07890	0.09135
Sulphuric acid	0.01010	0.08595	0.07100
Phosphorus	0.00754	0.01136	0.02125
Lime	0.08170	0.16780	0.15150
Magnesia	0.00380	0.01230	0.00880
Soda	0.01790	0.06810	0.05540
Iron	a trace
Loss	2.56900	2.60319	3.00943
	100.00000	100.00000	100.00000

“If we compare these results with those which the analysis of the Cod Liver Oil by Spaarmann and Marder have afforded, it will be seen that the green soft resin and brown hard resin, the reddish yellow viscous substance, the peculiar coloring matter, and the phocenic matter of the older authors are wanting; whilst these again recognize neither the component parts of the bile, the acetic and butyric acids, nor the peculiar brown substance (gaduine.)”

At first, it was supposed that the therapeutic effects of Cod Liver Oil arose altogether from the iodine contained in it—more lately, however, it has been believed that iodine is not a constant constituent, and not necessary for the proper action of the oil. But Dr. De J. alleges that from his investigations “it invariably follows that the real Bergen Cod Liver Oil always contains iodine; not, however as free iodine, because by the mere carbonization of the oil without saponification no iodine was detected even in the purest Cod Liver Oil. When, however, after the method of saponification no iodine whatever is detected, it is impossible that it can be pure Bergen oil.” The author maintains that where the article is genuine, if no iodine be found by the process he has laid down, it is because it

has been removed by the means employed to bleach it for market; and that "the difficulty of discovering iodine can only arise from the employment of a wrong process, or of an impure oil."

By a "comparison of the three kinds of Cod Liver Oil, it is shown, first, that the lighter kinds are richer in inorganic substance (as well as in iodine), than the brown kind; whilst, on the contrary, the latter is richer in the component parts of the bile, butyric and acetic acids. In general, the light-brown and the pale oil agree in every respect, much more than the brown, by which it is established that the light-brown is only a pale oil which has become old."

In order to determine the relative value of the three kinds of oil as curative agents, Dr. De J. instituted experiments with them in various diseases, from which he discovered that the cures with the brown Cod Liver Oil were in general effected in half the time required by the two other sorts, and hence he ascribes to it more powerful healing properties.

"This difference in its operation can only be attributed to some variation in their chemical relations." His concluding remarks contain his explanation of this point.

"That the Cod Liver Oil is composed of different substances has been sufficiently proved by chemical analysis. Neutral fat, biliary matter, iodine, phosphorus, all substances of acknowledged power, as well as butyric acid, gaduine, &c.: lastly, the many organic salts which are found therein.

The question naturally arises, to which of these different constituent parts of the Cod Liver Oil is its efficacy owing? Whether to the iodine, or the fat, or the phosphorus, or to the others. These questions are solved with great difficulty; for in all diseases in which the Cod Liver Oil is found to be efficacious, the physician has to fulfil many indications simultaneously, if he expects the perfect restoration of his patient. In general, the weakened digestion is to be corrected, the secretions must be restored, and the lymphatic system brought to a higher state of activity; besides which, and what seems to be the most important of all, the tone of the nervous system is to be improved. The slightest reflection will show that neither biliary matter, nor the fatty substance, nor the iodine, nor any one single constituent part of the Cod Liver Oil, is able, of itself, to fulfil these indications; consequently its power as a remedy is not to be ascribed exclusively to one only, but to the united operation, if not of all, still of the greater part. It is not, as is the case with the quinine in the Peruvian bark, that there exists a peculiar active principle in the Cod Liver Oil, but as each individual con-

stituent part fulfils a peculiar indication, it is possible that the operation of the whole is successful in the cure of the diseases.

Nevertheless, I do not think that all the constituent parts are equally powerful; on the contrary, some of them possess greater efficacy: and it is, in every case, those which fulfil the most important indication that are to be the most esteemed. I now come to the comparison of my observations.

The brown Cod Liver Oil has proved itself a most powerful remedy in rheumatism and scrofula. Now, I have found, in my chemical analysis, a quantitative difference between this and the other sorts of Cod Liver Oil. The constituent parts, which exist in great proportions in the brown Cod Liver Oil, must, therefore, be considered as those which fulfil the most important indications. The neutral fat, the iodine, phosphorus, the inorganic salts, exist in the same proportions in the other kinds of oil, which are not supposed to be particularly efficacious in scrofula and rheumatism; it is, therefore, fair to assume that the brown Cod Liver Oil owes its greatest power to the biliary matter and butyric acid, which exist in it in much larger proportions than in the lighter-coloured oils.”*

In conclusion, I have still to remark that the substance, unknown until now, which I first found in the product of the *Gadus* tribe, and called Gaduine, should, by no means, be considered as possessing that peculiar active principle; on the contrary, I am inclined to think that, on account of its perfect insolubility—in the form, at least, in which I found it—it is altogether inactive.”

The author's experience with Cod Liver Oil in phthisis, scrofula, and rheumatism, is highly encouraging. In reference to the former of these diseases, he remarks:

“If we compare the opinions of different persons in different places, which in the main all agree with what we have already said on the subject, we can form a pretty correct judgment on the virtues of the Cod Liver Oil in tubercular phthisis. This medicine may be called the grand restorer of health; for the successful operation of any remedy whatever against so formidable a disease, may indeed deserve that appellation. Should the disposition to phthisis be present, the use of Cod Liver Oil will prevent the further development of the disease, sometimes permanently; generally, however, for a considerable period. Whereas, when it is given in the already developed form of phthisis, although the perfect cure cannot be accomplished, life will be prolonged and rendered more supportable. This is, indeed, all that can be expected from any remedy in the present imperfect state of our knowledge of tubercular phthisis.”

* Klencke also mentions the importance of the biliary matter, without even knowing of its existence in the Cod Liver Oil; for he declares the yellow Cod Liver Oil to be a substitute for bile. We cannot, however, agree with Klencke's opinion on the transformation of the oil into albumen.—*German Trans.*

THE MEDICAL EXAMINER.

PHILADELPHIA, DECEMBER, 1849.

TO OUR READERS.

With the present number is completed the 12th volume of the Medical Examiner. A glance at its past history, exhibits it, at this time, in a more prosperous condition, and with a more extended circulation than at any previous period since its commencement. The promises of continued and increased collaboration, together with the commendations of, perhaps, too partial friends, warrant the hope of still better things, and justify the belief that future endeavors to supply to its patrons food "good and convenient for them" will not be unsuccessful.

To the numerous friends who have so kindly aided the Editors, and to whose exertions the success of the Examiner is mainly owing, their warmest thanks are offered. The large amount of original matter that has been presented to its readers during the past year, affords ample evidence of the steadiness and reality of that support.

With the present number also ceases the official connection of Dr. Tucker, recently appointed Professor of Practice in Hampden Sidney College. The remaining Editor, on whom now devolves the sole responsibility of the Journal, cannot permit the present occasion to pass without bearing witness to the assiduity and zeal with which the labors of his colleague were ever performed, and to the pleasure that was derived from daily and intimate association with him. While he regrets his own loss, he congratulates his Southern friends on their gain.

The course of the Examiner will continue to be, as heretofore, *independent*, unbiassed either by local influence or sectional prejudices,—its great aim being, not to subserve any selfish ends, but to aid to the utmost of its ability, in building up and maintaining *American Medical Literature*.

OBITUARY.

DR. GEORGE MASSENBURG, one of the resident physicians at the *Philadelphia Hospital*, Blockley, died at that institution, Nov. 13th, of typhus fever. Dr. Massenburg was a native of Hampton, Va., and a gentleman of fine talents, superior attainments, and most exemplary character.

His death is a source of deep regret to all the officers of the institution with which he was connected, as well as to a large circle of friends by whom he was greatly beloved.

PHILADELPHIA HOSPITAL, BLOCKLEY.

DR. N. D. BENEDICT has resigned his position as chief resident physician to the Philadelphia Hospital, Blockley, and accepted that of Superintendent of the N. Y. State Lunatic Asylum, at Utica, made vacant by the death of Dr. Brigham. Dr. Benedict's long devotion to the treatment of the Insane, eminently qualifies him to fulfil successfully the duties of the responsible office to which he has been appointed. Dr. W. S. Haines succeeds him; a good selection.

ST. JOSEPH'S HOSPITAL, PHILADELPHIA.

Dr. J. H. B. McClellan has been appointed one of the surgeons of this Institution. The Hospital Staff now consists of Drs. W. E. Horner, H. H. Smith, and McClellan, Surgeons, and Drs. S. Jackson, A. Stillé, and W. H. Keating, Physicians.

CRYPTOGAMOUS ORIGIN OF CHOLERA.

The following are the conclusions arrived at by a committee of the London College of Physicians, appointed to examine this subject:

The "Cholera fungi" do not exist in the waters of a large number of the districts in which cholera prevails.

The "Cholera fungi" cannot, by the most careful examinations, be detected in the air of many rooms inhabited by cholera patients.

"Cholera fungi" are constantly to be found in the stools passed by patients laboring under other diseases than cholera.

"Cholera fungi" are occasionally to be found in healthy stools.

"The bodies which have been called 'different forms of the development of the cholera fungus,' are in quality the most dissimilar in their origin and chemical constitution."

MEDICAL DEPARTMENT, U. S. ARMY.

At the recent meeting of the Board of Examiners, held in this city, the following gentlemen were approved, and assigned rank as Assistant Surgeons, in the order of their names. ISAAC L. ADKINS, *Delaware*; ROBERT O. ABBOTT, *Pennsylvania*; THOMAS M. GETTY, *Virginia*; DAVID L. MAGRUDER, *Virginia*; WM. J. H. WHITE, *District of Columbia*; RODNEY GLISAU, *Maryland*; ELISHA P. LANGWORTHY, *New York*.

Assistant Surgeon, JAMES SIMONS, was found qualified for promotion by the same board.

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